

PDLA Year I Team Registration Form

Submit by August 1, 2012

Team Members

One member must be a Special Education educator

1-Name (Team member acting as contact/leader)	Title
Email	Telephone
School/LEA	Special Accommodations
Address	\$1,500.00 or \$1,100.00 *(if attached waiver is completed)
2-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
3-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
4-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
5-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
6-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
7-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
8-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
9-Name	Title
Email	Special Accommodations
School/LEA	\$1,100.00
School Portfolio Site License (mandatory)	\$1,000.00
TOTAL 2012-2013 Team Fees:	\$

Team Billing Information

Bill To			
Address			
City, State Zip		Accounting Name & Contact Information	

Reproduce this form if you are registering more than nine members.
 Contact us at 602-542-3132 with any questions.
Completed forms and General Inquiries should be sent to PDInbox@azed.gov

TEAM LEADER FEE WAIVER REQUEST

P Please waive the \$400.00 Team Leader fee for the _____
D Team. As _____(position) in the _____
L School District, I authorize the _____Team members in my
A school, the equivalent of four half-days for on-site work sessions, in addition
to the scheduled sessions.

Signature/Title

Date